COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

	TYPE OF DECLARATION
This declaration i	s of the following type: (check one applicable item below)
X original design suppleme	ntal
NOTE:	If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do <u>not</u> check next item; check appropriate one of last three items.
national st	age of PCT
NOTE:	If one of the follow 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
divisional continuatio continuatio	n n-in-part (CIP)
	INVENTORSHIP IDENTIFICATION
WARNING:	If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
and sole inventor	st office address and citizenship are as stated below next to my name, I believe I am the original, first (if only one name is listed below) or an original, first and joint inventor (if plural names are listed ject matter which is claimed and for which a patent is sought on the invention entitled:
	TITLE OF INVENTION
	COLLAPSIBLE CARGO ORGANIZER
	SPECIFICATION IDENTIFICATION
(a) X is attach (b) was file	

(Declaration and Power of Attorney page 1 of 5)

accorded a filing date by being with the application papers of	I after the original papers are d ng referred to in the declaration r, in the case of a supplementa statement of invention or clain	n. Accordingly, the ame I declaration, are those a	ndments inv	olved are those filed
(c) was described and claunder PCT Article 19 on	imed in PCT International Ap. (if any).	plication No	_filed on	and as amended
ACKNOWLEDG	EMENT OF REVIEW	OF PAPERS ANI	DUTY (OF CANDOR
I hereby state that I have reclaims, as amended by any a	viewed and understand the con mendment referred to above.	tents of the above identi	fied specific	ation, including the
I acknowledge the duty to d	isclose information			·
X which is material to the Regulations. § 1.56.	e examination of this applicati	on in accordance with T	itle 37, Cod	e of Federal
(also check the following items	s, if desired)		
substantia to allow tl	is material to the examination I likelihood that a reasonable on the application to issue as a pate thance with this duty there is atta	examiner would consider ent, and	r it importan	t in deciding whether
	PRIORIT	Y CLAIM		
patent or inventor's certificate the United States of America inventor's certificate or any P	ty benefits under Title 35, Unite or of any PCT international a listed below and have also ide CT international application(see on the same subject matter have	application(s) designatin entified below any foreignosimum () designating at least one	g at least one on application e country oth	e country other than n(s) for patent or ner than the United
	(complete	(d) or (e))		
(d) no such application	ns have been filed.			
(e) such applications h	nave been filed as follows			
NOTE: Where item (c) is priority check item (e), enter	s entered above and the Interna the details below and make the	ational Application whice priority claim.	h designated	the U.S. claimed
A. PRIOR FOREIGN/PCT (6 MONTHS FOR DESI CLAIMS UNDER 35 U.	CAPPLICATION(S), IF ANY (GN) PRIOR TO THIS U.S. S.C. § 119	Y FILED WITHIN 12 APPLICATION AND	MONTHS ANY PRIO	RITY
COUNTRY	APPLICATION	DATE OF FILING	PRI	ORITY CLAIM
	NUMBER	(day, month, year)		DER 35 USC 119

(Declaration and Power of Attorney page 2 of 5)

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

REGISTER NUMBER
46,238
27,430
25,112
20,824
25,335
16,706
39,697
23,023
40,037
17,069
28,388
27,109
43,904
24,795
35,691
48,021
20,304
49,095

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

William J. Schramm Reising, Ethington, Barnes, Kisselle, P.C. P.O. Box 4390 Troy, MI 48099-4390

William J. Schramm (248) 689-3500

DECLARATION

I hereby declare that all statements made herein f my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, r both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or	first inventor		
Robert Given Name M	P. iddle Initial or Name	Morrison	N Norma
		, ,	
Inventor's signature:	Kelsen Pi	housa.	
Date: Jenny	21,2004 C	Country of Citizenship:	United States
Residence: Livonia	ı		
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(Given Name)	(Middle Initial or N	ame)	Family (or Last) Name
Inventor's signature			
Date	Co	ountry of Citizenship	
Residence			
Post Office Address			
Full name of third jo	oint inventor, if any		
(Given Name)	(Middle Initial or Na	me)	Family (or Last) Name
Inventor's signature			
Date	Co	ountry of Citizenship	
Residence			
Post Office Address			

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

_	Signature for fifth and subsequent joint inventors. Number of pages added
	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
_	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
	* * *
_	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in- part (CIP) application. Number of pages added
	* * *
_	Authorization of attorney(s) to accept and follow instructions from representative.

	If no further pages form a part of this Declaration then end this Declaration with this page and check the following item
	X This declaration ends with this page.